UNITED STATES DISTRICT COURT

Middle for the Tennessee

Mushville Division

RECEIVED MAY 0 2 2025

U.S. DISTRICT COURT

	BISTRICT OF TN
Travis Kenard Dawson) Case No. (to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	Jury Trial: (check one) Yes No
The Consumer Financial)))
rotection Bureau Defendant(s)) ·) ·
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)))

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

The Parties to This Complaint I.

A.

B.

The Plaintiff(s)			
Provide the information below for eaneeded.	ach plaintiff named in the c	complaint. Attach a	additional pages if
Name	Traisis Kons	od Day R	X 24
Address	11 2 12011 1000	of June	$\frac{Q}{r}$
Addioss	16 1 4611 16000	DUITE	200 7M11M
	rvashville	Tennesse	e 3/a//
	Cjty	State	Zip Code
County	LAWICISOD -		
Telephone Number	(418)213-8632	2	
E-Mail Address	traviskdah	Son and	ail. Com
The Defendant(s)		•	
Provide the information below for exindividual, a government agency, an include the person's job or title (if k them in their individual capacity or or	organization, or a corpora nown) and check whether	tion. For an individual for an	lual defendant, s complaint against
Defendant No. 1	To Congress	Pro 1	1 (1) 0-
Name /	he Consumer,	MANCIA!	rotelyon Burea
Job or Title (if known)	indoppopping	a allocal of	United States
•	IMANIE SLOOL	MI -IK 100	princasiuses
Address	LAND DOTTER	Work Jues	TORANE
•	washington		Zip Code
County Telephone Number (855) 4 E-Mail Address (if known)	Individual capacity	Official capa	
Defendant No. 2			
Name			1 10 114 114 114
Job or Title (if known)			
Address			
	City	State	Zip Code
County			
Telephone Number			
E-Mail Address (if known)			,
2 Mail Litation (y Monty			
	Individual capacity	Official capa	city

Section 1983 allows defendants to be found liable only when they have acted "under color of any D. statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. **Statement of Claim**

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- Where did the events giving rise to your claim(s) occur? in an amail sent to me by the Consumer Protection Bureau Staff. A.
- What date and approximate time did the events giving rise to your claim(s) occur? April 29, 2025 4:520. В.
- What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? C. Was anyone else involved? Who else saw what happened?) Consumer financial protection & Filed 05/02/25

IV. **Injuries** If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. nployees wh complair V. Relief State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. matter involl

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Logray	All rights are reserved. Voidwhere prohibited Printed Name of Plaintiff Printed Name of Plaintiff Printed Name of Plaintiff Printed Name of Plaintiff	by the
	Printed Name of Plaintiff Travis Keneral Dawson	
В.	For Attorneys	
	Date of signing:	
	Signature of Attorney	
	Printed Name of Attorney	
	Bar Number	
	Name of Law Firm	
	Address	
	City State Zip Code	
	Telephone Number	
	E-mail Address	

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